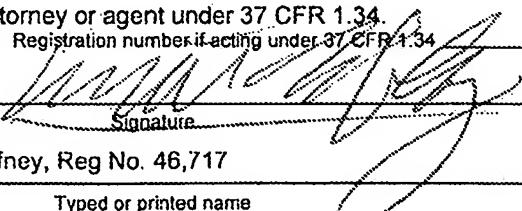


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| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>  |        | Docket Number (Optional)                     |  |     |                  |  |       |      |   |       |       |  |        |       |  |        |       |  |        |        |   |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |
|--|--------|--|--|-----|------------------|--|-------|------|---|-------|-------|--|--------|-------|--|--------|-------|--|--------|--------|---|--|--|--|--|--|--|--|-------------------------------------|--|--|--|---|--|--|
| <b>FY 2009</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>   |        | 1361015-2059/P05790                          |  |     |                  |  |       |      |   |       |       |  |        |       |  |        |       |  |        |        |   |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |
| Application Number 10/774,799  |        | Filed February 9, 2004                       |  |     |                  |  |       |      |   |       |       |  |        |       |  |        |       |  |        |        |   |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |
| For APPARATUS AND METHOD FOR POWERING UP WITH HYSTERESIS INACTIVE  |        |  |  |     |                  |  |       |      |   |       |       |  |        |       |  |        |       |  |        |        |   |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |
| Art Unit 2816  |        | Examiner K.E. Almo                           |  |     |                  |  |       |      |   |       |       |  |        |       |  |        |       |  |        |        |   |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.   |        |  |  |     |                  |  |       |      |   |       |       |  |        |       |  |        |       |  |        |        |   |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):  |        |  |  |     |                  |  |       |      |   |       |       |  |        |       |  |        |       |  |        |        |   |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |
| <table> <thead> <tr> <th></th> <th>Fee</th> <th>Small Entity Fee</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$130</td> <td>\$65</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$490</td> <td>\$245</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$1110</td> <td>\$555</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$1730</td> <td>\$865</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$2350</td> <td>\$1175</td> </tr> <tr> <td><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> A check in the amount of the fee is enclosed.</td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</td> <td></td> <td>Credit Card Refund Total: \$1110.00</td> </tr> <tr> <td><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0320</u>.</td> <td></td> <td></td> </tr> </tbody> </table> |        |  |  | Fee | Small Entity Fee | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$130 | \$65 | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$490 | \$245 | <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1110 | \$555 | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1730 | \$865 | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2350 | \$1175 | <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. |  |  | <input type="checkbox"/> A check in the amount of the fee is enclosed. |  |  | <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. |  | Credit Card Refund Total: \$1110.00 | <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. |  |  | <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0320</u> . |  |  |
|  | Fee    | Small Entity Fee                             |  |     |                  |  |       |      |   |       |       |  |        |       |  |        |       |  |        |        |   |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$130  | \$65   |  |     |                  |  |       |      |   |       |       |  |        |       |  |        |       |  |        |        |   |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$490  | \$245  |  |     |                  |  |       |      |   |       |       |  |        |       |  |        |       |  |        |        |   |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1110 | \$555  |  |     |                  |  |       |      |   |       |       |  |        |       |  |        |       |  |        |        |   |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$1730 | \$865  |  |     |                  |  |       |      |   |       |       |  |        |       |  |        |       |  |        |        |   |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$2350 | \$1175                                       |  |     |                  |  |       |      |   |       |       |  |        |       |  |        |       |  |        |        |   |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  |        |  |  |     |                  |  |       |      |   |       |       |  |        |       |  |        |       |  |        |        |   |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.   |        |  |  |     |                  |  |       |      |   |       |       |  |        |       |  |        |       |  |        |        |   |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |
| <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |        | Credit Card Refund Total: \$1110.00          |  |     |                  |  |       |      |   |       |       |  |        |       |  |        |       |  |        |        |   |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |        |  |  |     |                  |  |       |      |   |       |       |  |        |       |  |        |       |  |        |        |   |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0320</u> .  |        |  |  |     |                  |  |       |      |   |       |       |  |        |       |  |        |       |  |        |        |   |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |
| <small>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</small>  |        |  |  |     |                  |  |       |      |   |       |       |  |        |       |  |        |       |  |        |        |   |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |
| I am the <input type="checkbox"/> applicant/inventor.<br><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br><small>Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</small><br><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>46,717</u><br><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br><small>Registration number if acting under 37 CFR 1.34</small>  |        |  |  |     |                  |  |       |      |   |       |       |  |        |       |  |        |       |  |        |        |   |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |
| <br>Signature   |        | September 28, 2010<br>Date<br>(206) 336-5674 |  |     |                  |  |       |      |   |       |       |  |        |       |  |        |       |  |        |        |   |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |
| Matthew M. Gaffney, Reg No. 46,717<br>Typed or printed name  |        |  |  |     |                  |  |       |      |   |       |       |  |        |       |  |        |       |  |        |        |   |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |
| <small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives are required. Submit multiple forms if more than one signature is required, see below.</small>   |        |  |  |     |                  |  |       |      |   |       |       |  |        |       |  |        |       |  |        |        |   |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |
| <input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.   |        |  |  |     |                  |  |       |      |   |       |       |  |        |       |  |        |       |  |        |        |   |  |  |  |  |  |  |  |                                     |  |  |  |   |  |  |

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Adjustment Date: 12/13/2010 CKHLOK  
 09/29/2010 INTEFSW 08004099 10774799  
 1110.00 OP

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                                 |          |                                     |                       |             |
|---|----------|-------------------------------------|-----------------------|-------------|
| 1 Date of Request:  | 09/28/10 | 2 Serial/Patent #                   | 10/774,799            |             |
| 3 Please refund the following fee(s):                         |          | 4 PAPER NUMBER                      | 5 DATE FILED          | 6 AMOUNT    |
| <input type="checkbox"/> Filing                               |          |                                     |                       | \$          |
| <input type="checkbox"/> Amendment                            |          |                                     |                       | \$          |
| <input checked="" type="checkbox"/> Extension of Time         |          | ifw                                 | 09/28/10              | \$ 1,110.00 |
| <input type="checkbox"/> Notice of Appeal/Appeal              |          |                                     |                       | \$          |
| <input type="checkbox"/> Petition                             |          |                                     |                       | \$          |
| <input type="checkbox"/> Issue                                |          |                                     |                       | \$          |
| <input type="checkbox"/> Cert of Correction/Terminal Disc.    |          |                                     |                       | \$          |
| <input type="checkbox"/> Maintenance                          |          |                                     |                       | \$          |
| <input type="checkbox"/> Assignment                           |          |                                     |                       | \$          |
| <input type="checkbox"/> Other                                |          |                                     |                       | \$          |
|   |          | 7 TOTAL AMOUNT OF REFUND            | \$ 1,110.00           |             |
| 8 TO BE REFUNDED BY:  |          |                                     |                       |             |
|   |          | Treasury Check                      |                       |             |
| <input type="checkbox"/> Overpayment                          |          | <input checked="" type="checkbox"/> | Credit Deposit A/C #: |             |
| <input type="checkbox"/> Duplicate Payment                    |          |                                     | 9 5 0 -- 0 3 2 0      |             |
| <input checked="" type="checkbox"/> No Fee Due (Explanation): |          |                                     |                       |             |
| No extension of time obtainable.                              |          |                                     |                       |             |
| 11 REFUND REQUESTED BY:                                       |          |                                     |                       |             |
| TYPED/PRINTED NAME:   |          | Nancy Johnson                       |                       |             |
| TITLE:  |          | Sr. Petitions Attorney              |                       |             |
| SIGNATURE:  |          | 571-272-3219                        |                       |             |
| OFFICE:   |          | Office of Petitions                 |                       |             |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****          |          |                                     |                       |             |
| APPROVED:   |          | DATE: 12/13/10                      |                       |             |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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Crystal Park One, Room 802B